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Bib Data Sheet

CONFIRMATION NO. 7780

SERIAL NUMBER 10783,456	FILING DATE 02/19/2004  RULE	CLASS 004	GROUP ART UNIT 3751	ATTORNEY DOCKET NO. 11663-013
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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *fil*  
 This appln claims benefit of 60/448,506 02/19/2003

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *none*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 05/14/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MI	SHEETS DRAWING 4	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials				

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## TITLE

Wall panel for a portable restroom

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